Texas Farm Bureau Insurance 10th Annual Hot 2 Trot 5K

Saturday July 16, 2016 7:30 A.M. Temple, TX

Event Location: Lions Park, 4320 Lions Park Rd., Temple, TX. The 3.1 mile race will take you through the neighborhoods surrounding Lions Park. The event will be chip timed and access to free professional race photos is included in your fee.

Fee: Pre-registration is \$20 and closes July 10, Race day registration is \$25. Dri-Fit shirts are guaranteed if registered by June 24. Discounted rates available for groups of 15 or more (please contact us for more information). No refunds.

Registration: Register online at www.racetemple.com or make check payable to City of Temple and mail to 2 North Main Suite 201, Temple, TX 76501.

Packet Pick-Up and Race Day Registration: Race day morning from 6:30-7:00 A.M.

Age Groups: 9 & under, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59,

60-64, 65-69, 70-74, 75 and up

Awards: Overall Male & Female winner only in and cycle category and Over Male & Female winner and top three finishers per age group listed above in run category. Points for the Centex Race series will be awarded based upon race series age groups.

For More Information: Email: tklusacek@templetx.gov visit: www.racetemple.com or call (254) 298-5582.

Name _______ Shirt (circle) YL S M L XL XXL

Birthday ______ Age (on 7/16/16) ______ Gender (circle) M F

Address ______ State _____ Zip Code

Phone (day) _____ Email ______

I do hereby release, absolve, indemnify and hold harmless the City of Temple and its employees, activity supervisors, all sponsors, any or all of them in the event of any accident, injury or death sustained by the above named participant(s) while being transported to or from any activity, or while participating in any activity, from any liability of any kind whatsoever. I also give permission for any photographs taken during these activities to be utilized for promotional uses by Temple Parks and Recreation now and in the future. I, the parent or legal guardian of the above named participant(s), do hereby give my approval for participation in any and all of the program's activities.

Signature of parent/guardian (if under 18 years of age) ______